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CONTENTS

ORIGINAL ARTICLES

Industrial Accident Compensation Legislation: The Medical Phase. Francis I. McCanna, L. L. M. 83
Decadence in Medical Economics. Wm. L. Harris, M. D. . 92
Report of a Case of Gangrenous Arthritis of the Knee of Diabetic Origin. J. C. Rutherford, M. D. 98

EDITORIALS

Medical Preparedness in Rhode Island 100
Co-operation in the Profession 101
Hands Off the Laboratory! 101
The Outpatient and Dispensary Clinic 102
The Future of Medical Psychology 103
The Medical Library Building 104
Illegal Practice of Medicine 104

SOCIETIES

Rhode Island Medical Society 104
Providence Medical Association 105
Newport Medical Society 106
Pawtucket Medical Society 106
Medical Research Club 106

MISCELLANEOUS

Rhode Island Hospital 106
Providence City Hospital 107
St. Joseph's Hospital 107
New Special Medical Journals 107
A Naval Base Hospital Unit 108
National Board of Medical Examiners 109
Medico-Military Matériel 109
Plan of Military Instruction 110

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ORIGINAL ARTICLES

INDUSTRIAL ACCIDENT COMPENSATION LEGISLATION: THE MEDICAL PHASE.*

By FRANCIS I. MCCANNA, L. L. M.,
Of the Rhode Island Bar.

Until recently the matter of social insurance was little discussed in the United States, although for years this subject has been receiving great attention in almost every country in Europe. There has of late been an awakening to the importance of this branch of economic science, with the result that during the last half-dozen years industrial accident laws have been placed upon the statute books of most of the American states and territories.

Reflecting upon this changed condition, we wonder, not at the new legislation itself, but why it has been delayed so long. Why were we more than a quarter of a century behind the best thought of Europe in such important social legislation as providing accident insurance for the working people of the community who are unable to look after themselves? This sort of insurance is but one of the many branches of what is properly termed social insurance and is deemed by many the most important. The other divisions of social insurance embrace health, old age, maternity, burial, widow and orphan insurance. Some of these forms of relief are already in force in several of the European countries.

The introduction of definite and certain compensation in industrial accident cases in this country, while tardy, is nevertheless epochal in our economic history, and is a sign of the progress of the times. It is recognition of a principle which is bound to grow and expand as its worth becomes known and established. It is interesting to observe how this great right, sustained by every consideration of humanitarianism and justice, fought its way to recognition as a part of the industrial life of our country. Many of the state compensation acts are crudities and give manifest evidence of lack of proper consideration upon the part of the draftsman. They serve, however, the purpose of placing upon the statute books sound economic legislation, and for this, if for nothing else, the framers of the acts, as well as those who approved of them, are to be thanked.

While the proposition of compulsory compensation received its first recognition in Germany, when the famous compensation act of 1884, sponsored by Bismarck, was enacted, the idea of compensation in its relation to social insurance was in actual practice long prior to that time; indeed, it has been claimed that it dates back to the early centuries.

By this is meant that coincidental with the rise of the wage-earning class there came into being, established by that class, different forms of mutual aid; and it is asserted that these organizations formed substantial groundwork for the later state systems of social insurance first promulgated in Germany.

We hear much of the German system in discussions relative to industrial accident legislation. This system typifies the compulsory, state controlled, compensation law. Later acts embracing this idea are referred to as being patterned after the German system, as contrasted with the other schemes of compensation, and usually referred to as embodying the English idea.

Austria passed a compensation act in 1887; Hungary, 1891; Norway, 1894; Finland, 1895; Great Britain, 1897; France, Italy and Denmark, 1898; Spain, New Zealand and South Australia, Luxemberg and British Columbia, 1902; Russia and Belgium, 1903; Cape of Good Hope and Queensland, 1905; Mexico, 1906; Transvaal, 1907; Alberta, Bulgaria and New Foundland, 1908; Quebec, 1909; Servia and Nova Scotia and Manitoba, 1910; Switzerland and Peru, 1911; and Roumania, 1912.

The enactment of this character of legislation

*Read before the Rhode Island Medical Society at Providence, R. I., March 1, 1917.

in Europe came after a bitter struggle which extended through a period of years. For example, we find that the subject was constantly under discussion in France for more than fifteen years before an accident compensation law was placed upon the statute book of that country. In Italy, twenty years of struggle preceded the adoption of the legislation. In Sweden and Norway, from ten to fifteen years of agitation were necessary to secure the adoption of the principle, and in Belgium and Russia compensation acts were presented to the governing bodies years before they were favorably acted upon. The Swiss act, which embodies probably the most advanced form of compensation legislation, was made a law after a long and bitter struggle, in the course of which the act as first submitted was rejected by a popular vote. Then the present law was framed and passed. Thus when we are considering the American compensation legislation, to which we shall later refer, we must bear in mind that the compensation principle is not an experiment, since we have the experience of the various European countries to which we may refer in considering the wisdom of the various enactments.

When compensation legislation was first broached in Europe there was a great outburst in opposition to it. It was claimed that such legislation was economically unsound and would shake the industries of Europe to their foundations. Every argument of which the great opposition minds of Europe could conceive was urged against the idea. It was contended that, if the principle of fault be eliminated the entire industrial structure would collapse. In support of this legislation it was pointed out that far from working destruction to industry, the compensation idea when enacted into law would be of benefit to the industry; that what were termed industrial accidents were not accidents at all, but were incidents of production. It was shown that in the various lines of employment the average in the number and kinds of accidents could be ascertained without any trouble, and that the financial loss to the workmen by reason thereof should be made a charge upon the industry and be figured in the cost of production, the same as depreciation in buildings, machinery, tools and other personal property employed in the process of manufacture.

Moreover, in its social aspect, it was pointed out that in many cases of industrial accidents there was no liability on the part of the employer to respond in damages, and the effect was the pauperization of the workmen and the imposition upon the community of a burden which ought to be borne by the industry. Of vital interest to society, was the fact that this condition resulted many times in making the workman's family an object of charity, and the presence of want many times affected the morality and standard of life of the members of the household. Furthermore, even in cases where damages were recovered, it appeared that but a small part of the amount reached the workman. It was also shown that the expense to the employer of defending accident suits was large and the cost to the community of sustaining this class of litigation was likewise large and unnecessary. It was finally shown that the employer would be relieved from the necessity of giving attention to lawsuits and the possibility of large verdicts being obtained against him, thus obviating an immense amount of worry incident to such litigation. An additional argument was that the principle would practically eliminate the antagonism between the employee and employer engendered through accident litigation, thus creating a more friendly spirit in the ranks and making for prosperity and success of the industry. But in spite of all of this it took a long time to bring the European solons to the adoption of the compensation idea.

In 1881, the workmen's compensation law was introduced into the Reichstag in Germany, but failed of adoption. Then came the famous message to the Reichstag by Emperor William I, recommending legislation requiring employers in certain industries to compensate injured workmen without regard to the cause of the injury. In his message the Emperor recommended the enactment of a bill for the insurance of workmen against industrial accidents, industrial sick relief insurance, old age and invalidity insurance. In answer to this message the sickness law was enacted by Germany in 1883, the accident compensation law followed in 1884, and in 1889 old age and invalidity laws were enacted.

In its early days in Europe, the compensation idea was considered in the light of an experiment and was introduced with the thought of trying it out, with a certain timid belief that it would

prove beneficial. The provisions of the early acts betray a tendency to limit the scope of the law, but as time went on the great worth of the compensation principle became apparent and the provisions of the earlier laws were quickly extended and broadened, and it may be truly asserted that every country that has adopted the act has by constant amendments endeavored to broaden its provisions, that the act might be made more efficacious and beneficent. No country, to the writer's knowledge, has attempetd to modify its compensation legislation so as to curtail in anyway any of the benefits to be derived under it.

No one can say with certainty at just what period of time the compensation idea became a matter of individual thought in the economic life of our country, but we do know that this great principle of social justice, having proved its worth in foreign climes, pressed towards our shores and demanded and gained recognition. Its adoption was as inevitable as the seasons of the year; as well try to stop the mighty waves of the ocean as to retard its progress. A principle is not necessarily a right one, that is to say, sound because a body of individuals or a great majority of the people may decree it so. We can recall numerous instances where something was adopted as being the right thing at the time, only to be discarded later because it did not work well. But that thing or principle is right which through its own merit forces recognition as a valuable factor in the life of the times.

The Federal Constitution declares that our government was founded to establish justice, insure domestic tranquillity and to promote the general welfare of our people. A paramount idea in the minds of the founders of our government and embodied by them in that immortal document was the right of every man to live, and live happily.

Good government means that system which truly promotes justice and establishes tranquillity among its people. It is that system which protects the weak against the strong, and which recognizes that there are limits to the "survival of the fittest" doctrine. By this reference to the weak, we do not mean that person who through frailty has to be cared for by others; that one is a proper object for charity. We refer to the condition brought about when competition is free and every man may engage in an economic fight unfettered by any rules of conduct, that condition where everyone striving for the promotion of his own selfish interests wholly disregards the welfare of his fellowmen, as well as the welfare of the state; in other words, we use the words sound and unsound in an economic sense.

It is the duty of the state to be strong, because a state can live only so long as its government is strong; when it becomes weak it decays and vanishes, just as did ancient Rome. When the conduct of any part of the citizenship of the state is thought to be detrimental to the state, it is then time for the government to step in and regulate such conduct. When any class of society in the pursuit of its own interests disregards the economic rights of the other classes in the community, the state is bound to announce that the worth of a man to the community shall be estimated not in proportion to the wealth he accumulates for himself, but in the ratio in which he contributes to the general welfare of the commonwealth.

If the state finds that a great part of its population is struggling under economic burdens too heavy for it to bear, it must ascertain wherein the defect lies, that it may be remedied. It must require every individual so to conduct himself as to make for economic soundness in the life of the state. If the strong are oppressing the weak, it must bid the former to hold themselves in check; if, on the other hand, a portion of the citizenship is losing its grip upon itself, the state must come to its aid and give assistance. It must regulate any conduct upon the part of the individual which in any way tends to weaken the structure of the state, for only by so doing can a government endure.

The perpetuity of the state bespeaks social justice, and if we love our republic and would have it survive we should harken to the words of a noted writer, who, in speaking of the lessons of history, says:

"It is a voice forever sounding across the centuries the laws of right and wrong. Opinions alter, manners change, creeds rise and fall, but the moral law is written on the tablets of eternity. For every false word or unrighteous deed, for cruelty and oppression, for lust or vanity, the price has to be paid at last, not always by the chief offenders, but paid by someone. Justice and truth alone endure and live. Injustice

and falsehood may be long lived, but doomsday comes at last to them in French revolutions and other terrible ways."

For years the industrial classes in this country struggled under the oppressive rules of the common law, resulting, as we have heretofore seen, in the denial of relief in over two-thirds of the industrial accident cases, and the result was most unsatisfactory both to the employee and the employer. It has been estimated that about 34,000 persons are killed and over a million and a half are injured each year in the industrial life of the United States. The common law rules governing negligent actions were suited to the conditions existing at the time the rules were established. At that time industries were few and were usually operated under the direct supervision of the employer. The number of workmen employed in any one industry was small and the workmen were usually in daily contact with one another. In the early days much of the work was done by hand, tools being the principal medium of labor. There was nothing involved about the ways and workings of the establishment and the individual workman was usually as well informed as the employer in relation to matters concerning the employment. Indeed, sometimes the employer and the employee were found working side by side in the promotion of the affairs of the industry. But "times change and men change with them." The modest factory became an immense industry, the individual employer became a powerful corporation, and the operation and supervision of the work passed to a board of directors which operated through its numerous agents. The small hand tools were replaced by numerous intricate high-powered machines, some driven by steam and others by electricity. The carrying on of the work of such vast enterprises required the services of thousands of workmen, embracing various nationalities, hardly any one of whom was acquainted with the other. With this great change in the character of the industry came correspondingly great increases in the death and damage toll among the workmen, but the old legal rules governing, or rather preventing, recovery by the injured workman continued in force, and it is no exaggeration to say that it was only in the exceptional case that the injured workman succeeded in recovering damages.

Compensation laws have been adopted in thirty-two states and three territories of the United States, the basic idea being certain, absolute and definite compensation to the workman in all cases of accident to him arising out of and in the course of the employment, irrespective of any question of fault or negligence upon the part of the employer.

On the first day of October, 1912, the "Workmen's Compensation Act" became operative in this state. The act is elective and applies only to employers who employ five or more workmen regularly in the same business. The latter class of employers may accept the act if they desire so to do. An election to accept the act on the part of the employer consists in the filing by the employer with the Commissioner of Industrial Statistics of a written statement that he accepts the act, and by posting notice of such election in the place where the workmen are employed. If the employer does not accept the act he is stripped of the common law defenses of contributory negligence, assumption of risk and negligence of a fellow servant and the employee has only to prove that the employer or his agent was negligent.

If an employer accepts the act, the employee is automatically deemed to have elected to come under the act, unless he gives the employer notice when he enters his employ that he does not care to come under the provisions of the act, and, in addition, within ten days thereafter files a copy of such notice with the Commissioner of Industrial Statistics. If the employee is already employed at the time the employer accepts the act he must give notice of his election not to come under the act within ten days from the time of its adoption by the employer. If an employee does not accept the act, all the common law defenses may be urged against him in a suit to recover for his injuries. The right to compensation under the act for an injury is in lieu of all rights and remedies as to such injuries, either at common law or otherwise. Where death is a result of the injury, compensation is granted under the act. Where the injury results from willful intention upon the part of the employee or from his intoxication while on duty, no compensation is allowed. If death results from the injury, the dependents of the employee wholly depending upon his earnings for support at the time of the injury are allowed an amount equal to one-half the average weekly wages of the

employee, but not more than ten nor less than four dollars a week, for a period of three hundred weeks from the date of the injury. In case of partial dependency, a part only of that amount is allowed. If payments have been made to the employee before his death, the dependents get compensation only from the date of the last payment, but not in any case for more than three hundred weeks from the date of the injury. If the employee leaves no dependents at the time of his death, the expense of his last sickness and burial is all that is paid. Where incapacity for work resulting from the injury is total, the employee receives a weekly allowance of one-half his average weekly earnings, but not exceeding ten dollars nor less than four dollars a week, and in no case is compensation allowed for a period of more than five hundred weeks from the date of the injury. In case of partial disability, the employee receives weekly compensation equal to one-half the difference between his average weekly wage before his injury and his weekly earnings after the injury, but in no case for a period of more than three hundred weeks from the date of the injury.

Loss of certain parts of the body, feet, ankles, toes or fingers, for instance, entitles the employee to a specified amount in addition to compensation. This amount ranges from one-half his weekly earning, but not more than ten dollars nor less than four dollars, for a period of twelve weeks for loss of finger, thumb or toe, to a like allowance for a period of one hundred weeks for loss of both hands or feet, or loss of sight of both eyes. No compensation under the act is paid for any injury which does not incapacitate the employee for a period of at least two weeks from earning full wages, but if the incapacity extends beyond a period of two weeks, compensation begins on the fifteenth day after the injury. During the first two weeks of the injury the employer is required to furnish reasonable medical and hospital services and medicine when needed, the amount of the charge for such service to be fixed, in case of the failure of the employer and the employee to agree, by the Superior Court. A prerequisite to the recovery of compensation in any case by the employee is that notice of the injury be given to the employer within thirty days after the happening of the accident, but want of notice is not a bar to proceedings under the act if the employer or his agent had knowledge of the injury, or if failure to give notice was due to accident, mistake or unforeseen cause.

The employee is required, if the employer so requests, at reasonable times during the continuance of the disability, to submit himself to an examination by a reputable physician or surgeon, sent and paid for by the employer. The employee has the right to have his own physician present at the time of the examination.

The writer confesses to having a decided opinion as to what constitutes a normal and just compensation act, and while he feels that the Rhode Island act is a benefit inasmuch as it is a recognition of the compensation principle, nevertheless he is persuaded that the act is far from being a model in the field of compensation legislation. Its provisions must be changed in several vital particulars before it can be classed as a thoroughly just and righteous act. It is now generally conceded that the compensation act does not bestow a privilege or grant a favor, but is only giving the workman what he is justly entitled to in the industrial field.

The percentage of injuries resulting in permanent incapacity is small; more than one-half of all the disability cases result in recovery within the fifteen-day period. The best statistics in this respect are to be found in Italy and Russia. In Italy, reports show that out of 57,617 accidents occurring in a year, 25.32 per cent. resulted in disability for six to ten days; 22.70 per cent., from eleven to fifteen days; 14.65 per cent., from sixteen to twenty days; 15.11 per cent., from twenty-one to thirty days; 12.77 per cent., from thirty-one to sixty days, and 3.93 per cent., over sixty days. In Russia, out of 57,196 accidents 23.5 per cent. lasted over seven days; 24.70 per cent., from eight to fourteen days; 12.10 per cent., from fifteen to twenty-one days; 6.81 per cent., from twenty-one to twenty-eight days; 11.35 per cent., from twenty-nine to sixty-three days; 1.28 per cent., over ninety days.

This shows that the great majority of cases receive no benefit under a two weeks waiting period provision, and the time when the injured man's family most welcomes assistance is when the injury occurs and before those affected by the accident have opportunity to adjust themselves to the changed conditions.

An injured workman should be allowed during the period of disability an amount equal to 66 2/3

per cent. of his weekly wages, with a maximum of fifteen dollars and a minimum of five dollars. This amount of allowance is operative in Massachusetts, New York, Ohio, Porto Rico, and is also provided in the recent compensation law enacted by the United States government. California allows 65 per cent., Hawaii 60 per cent., Texas 60 per cent., Wisconsin 65 per cent. In New York, Ohio, Wisconsin, and under the Federal law the allowance continues for life in case of permanent disability. California allows 65 per cent. for two hundred and forty weeks, and then 40 per cent. for life in case of permanent injury. In Wisconsin, if a nurse be required the compensation is increased to 100 per cent. after ninety days.

Practically all the foreign laws provide for compensation during life in case of permanent injury. In case of partial disability the workman should receive 66 2/3 per cent. of the difference between his weekly earnings before the injury and his wage-earning capacity after the injury, but not to exceed fifteen dollars nor less than five dollars. In case of death of the injured workman, the widow should receive suitable compensation until her death or remarriage, and in the latter event a lump sum equal to two years' compensation should be granted her. The usual percentage allowed to the widow in such cases is 35 per cent. of the workman's weekly wage, and an allowance of 10 per cent. for each child under eighteen years of age, the total allowance for the widow and children not to exceed 66 2/3 per cent. of such wages. In case there be no widow, the total allowance should be divided among the decedent's dependents. New York, Pennsylvania, Minnesota, Hawaii, Louisiana and Nevada and the Federal law make provision for the widow along the lines above stated, and lump sum payments are provided in New York, Minnesota, Oregon, Washington and West Virginia.

The waiting period in all cases should be reduced from fourteen days to four days. The theory of the waiting period is that if the workman be compelled to wait a certain period before compensation commences, malingering in cases of trivial injuries will be prevented. Malingering has not been a serious matter in this country. In France, where the greatest complaint has been made with regard to it, the answer of the Chamber of Deputies of that country to the same was to provide in connection with the waiting period of four days that if the disability lasted more than ten days compensation should be payable from the first day, showing that the French legislators did not consider that the malingering complaints were entitled to serious consideration. The Federal law has a waiting period of three days, Iowa one week, Nevada five days, Ohio one week, Oregon no waiting period, Texas one week, West Virginia one week, Wisconsin one week, Louisiana one week. Massachusetts, which formerly had a waiting period of fourteen days, has reduced the same to ten days. Under the Rhode Island act, a man earning twelve dollars per week has to be incapacitated for a period of one month to get twelve dollars, and it needs no argument to demonstrate that such an allowance is not fair compensation. An act changing the waiting period in Rhode Island from two weeks to one week is now before the Rhode Island legislature and should be acted upon favorably.

One of the most important provisions of the present law, which should be immediately amended so as to do away with its present inequitable effect, is that which relates to the matter of medical attention to the injured employee. This is of vital importance to the state as well as to the employer and the employee. The employee is interested in being made physically well, in order that he may enjoy life in common with his fellow men and be able to support and maintain his family in accordance with his station. The employer is interested in seeing that an injured workman has the best medical and surgical attendance, as proper treatment means a consequent reduction in the period of disability, and in many cases the restoration to activity of a skilled workman, whose services may be of great value to the industry. The state, interested in the welfare of its citizens, wishes preserved to itself a well and happy workman instead of a maimed and helpless dependent. The wording of the present law relating to this phase of the subject is set forth in section five of article eleven of the act, and is as follows: "During the first two weeks after the injury the employer shall furnish reasonable medical and hospital services, and medicine whenever needed. The amount of the charge for such services to be fixed by the Superior Court in case of the failure of the employer and employee to agree."

It is the understanding of the writer that a

great many of the employers allow the injured employee to select his own physician, not as a matter of right but as a favor. On the other hand, a great many others deny the employee this right and require him to submit to treatment by a physician or at a hospital selected by the employer. We think that any possible ambiguity should be done away with and that the act should provide explicitly that the injured employee shall have the right to nominate a physician of his choice. When an injury occurs to a workman, the most natural thing upon his part is to ask that a physician of his choice be summoned. An intimate relationship exists between the physician and the patient, and the latter is guided to a great extent by the advice of his physician in connection with his future action and treatment. The fact that an employee is under the care of a doctor whom he trusts and in whom he has confidence plays an important part in the progress of his condition. It is neither fair nor satisfactory to require an injured man to place himself in the hands of a stranger who is to have absolute control over his physical well-being. We realize that compensation is not based upon sentiment, but we submit that the injured workman, being human, must be treated as such.

It is therefore submitted that it is better for all concerned to permit the workman to make his own selection. Indeed, the only objection that can be urged to this is that it may promote malingering, and also that the doctors may pad their bills. Although the present law has been in force in this state for the past four years, and although many industries have permitted the employee to select his own physician, we do not know that there has been any complaints as to improper charging upon the part of the physician so selected. In the last report of the Commissioner of Industrial Statistics (1916) the following appears:

"Insurance companies paid out for the same purposes (industrial accident compensation) $169,094.91, an average of $1.34 per person, or $0.70 less per capita in 1915 than in 1914, and $0.67 more per capita in 1915 than in 1913. The cost to employers carrying compensation insurance under the act, based on the 122,534 wage earners employed in 1915, and the $390,750.38 paid by establishments under the act to insurance companies was $3.14 per wage earner. If the cost to insurance companies carrying on business in Rhode Island in 1915 was $1.34 per wage earner on account of medical attention and compensation for injuries, and the per capita premiums, $3.14, the difference of $1.80 per wage earner represents an amount to be charged up for the actual carrying on of compensation business and the necessary surplus to be laid aside for unusual payments which may arise on account of catastrophes and for profits. The cost per wage earner to employers carrying compensation insurance under the act, based on the average number of wage earners employed, and the amount of premiums paid to insurance companies, was $0.59 less per wage earner in 1915 than it was in 1914, and $0.27 per wage earner more than in 1915, which was largely an experimental year. The cost per wage earner to insurance companies for medical attention was $0.45 per wage earner in 1915, against $0.64 per capita in 1914, a decrease of $0.19, but an increase of $0.12 per capita over the cost of medical attention in 1913." In other words, the employer paid the insurance carrier $3.14 per wage earner for compensation protection, and out of this 45 cents was paid to the physician, $1.34 was paid the wage earner, and the remainder went into the exchequer of the insurance carrier for overhead charges, commissions and profits.

We think that the doctors of this state can be trusted to do what is fair and right in the matter of attendance upon injured workmen and charges for such services. If, however, there should be fear upon the part of any person in interest that unfairness would be practiced if the right be given the patient to select his own physician, then let a provision be incorporated in the law that any physician who encourages malingering, or who practices any fraud upon the act, shall be deprived of his license to practice medicine in this state and shall be subject to criminal prosecution. The act, it is to be noted, now contains provisions permitting the employer at any time to have a physician of his choice appointed to examine the injured workman, and in addition he may ask the Superior Court to appoint an impartial physician to make an examination and report to the Court. It would seem that these should be adequate safeguards against malingering.

In connection with the subject of medical attendance in compensation cases, it may be of

interest to note the following observations of the Wisconsin Industrial Commission, contained in their report for the period 1914 to 1916:

"The Wisconsin act provides more liberal medical aid than any other compensation act in the United States. In this respect the law is eminently wise. On economic grounds alone it is cheaper for the employer to save an arm by an expensive operation than to pay indemnity for the loss of an arm. It is for the interest of the employer to give the best medical attendance; that it is also for the interest of the workman and of the community goes without saying. There is reason to believe, however, that medical service in this state is costing too much. The Commission's records indicate that physicians and hospitals received over $400,000 for services rendered under the compensation act during the last fiscal year. This is nearly one-half the total amount paid directly to injured workmen and their families. It is probable that the compensation act has very greatly increased the income of the medical profession as a whole. Hundreds of serious injuries which doctors formerly treated on a charity basis are now paid cases. This is as it should be. The medical profession ought not to be called upon to take care of injured workmen for less than the service is fairly worth. On the other hand, since the pay is certain and the number of cases large, the fees should not be exorbitant. A great number of physicians, including the recognized leaders of their profession, have shown a spirit of coöperation and have rendered highly skilled service at very moderate cost. Some, however, have been disposed to feel that the employer or the insurance company is rich and to render bills based upon that assumption. Chapter 241 of the Laws of 1915 gives the Commission power to pass upon the reasonableness of medical and hospital bills in disputed cases. It is hoped that a basis of charge can be agreed upon which will be fair to all parties concerned."

A further objection to section five of the present act is that it limits the period of treatment to two weeks.

It is absolutely necessary that an injured person should have proper medical treatment so long as he reasonably requires the same. The state itself is interested in seeing that an injured workman receives the best medical attention as long as such treatment may be necessary. Moreover, proper treatment, in addition to hastening recovery, reduces the period of disability and consequently the cost of compensation. Most of the foreign laws recognize the need of such provision and grant full medical treatment.

In this country, California allows treatment for ninety days, Colorado for thirty days, Connecticut necessary treatment, Illinois eight weeks, Indiana thirty days, Kentucky ninety days, Louisiana reasonable treatment, Maryland necessary treatment, Massachusetts two weeks or indefinitely if the accident board so orders, Michigan three weeks, Minnesota ninety days, Nebraska twenty-one days, Nevada four months, New York sixty days, Ohio necessary treatment, Porto Rico eight weeks, West Virginia reasonable treatment, Wisconsin ninety days, Federal law reasonable treatment. It will thus be noted that a great many of our states have gone a long way in the direction of the best European thought in this respect, and we feel that Rhode Island is behind the times in clinging to the two weeks period.

That part of section five of the act which virtually precludes the physician from enforcing his claim in case it be disputed is most unjust.

Under the act as it now stands the physician may render most meritorious services to both employee and employer in connection with a personal injury case; he may be able to save the life and limb of an injured employee, returning the man with a minimum loss of time to the industry, thus relieving the employer of a heavy compensation charge, and yet if his reasonable bill be disputed he is remediless to recover his just claim in case the employee declines to institute legal proceedings against the employer. The law should not permit the physician to be left in such a plight.

The only method under the present act by which a physician, in case his bill be disputed, can require payment from the employer is to enlist the services of the workman, and by basing a petition on the ground of a theoretical dispute between the employer and employee call the matter to the attention of the court. If the physician is unable to enlist the aid of the employee, because of absence, unwillingness upon the part of the employee to support such proceedings, or because of any one of a number of reasons that might be advanced, such as fear of loss of employment, unwillingness to incur expense, et

cetera, the physician is remediless and is relegated to a possible action against the employee, who usually has little, if any, means with which to meet the claim. One of the bills now before the legislature of this state has for its purpose the remodeling of section five so as to do away with the obnoxious features herein noted.

This bill in its essentials provides for the furnishing of medical attendance by the employer for the first four weeks after the injury, the privilege being given the employee to select the physician. The physician is given the right, in case of dispute, to petition the Superior Court in his own name for a determination of the controversy. While this bill is not the ideal one, it goes a long way in the direction of more equitable provision in the respects mentioned, and should receive the support of all fair-minded and forward-looking people. There should be a further provision in connection with the amendment to the effect that if the matter be brought before the court upon petition of the physician, costs and counsel fees may be awarded by the court if the ends of justice so require. It is manifestly unfair to require the physician, where he has a meritorious claim, to be obliged to try it out before the Superior Court and after having it pronounced just by that court, then be obliged to go to the Supreme Court, and after final decision in his favor be compelled to bear the expense of the legal proceedings simply because the present law provides that no counsel fees shall be awarded in any event upon any petition. In equity matters, the court is empowered to award counsel fees and costs in any case where justice may require such action. There is no reason why a like provision should not be inserted in the compensation act.

The writer is of opinion that every compensation law should provide for a commission of from three to five persons to carry out its provisions. One of the cardinal principles to be aimed at in this sort of legislation is that compensation be expeditiously granted and that the interest of the workman be properly safeguarded. The present law provides that the employer and the employee may enter into an agreement as to the compensation to be paid, subject to the approval of the Superior Court. Now, the Superior Court is a busy tribunal and the time of the justices fully occupied in giving attention to the regular business of the court. It is a physical impossibility for the court to go into the merits of each of the thousands of compensation agreements that are presented for approval, and the result is that such approval must of necessity be more or less perfunctory.

There is no power now possessed by any body to hasten payment of compensation to needy and deserving claimants. Under the present system it is an easy matter to delay payment of compensation for an appreciable length of time while a petition seeking to enforce compensation is wending its way through the courts. Under the present law, if legal proceedings be instituted by an employee to recover compensation under the act, three weeks at least must ensue before it can be heard. This results from the provision that a compensation petition is not in order for assignment for hearing until the motion day which occurs next after fifteen days from the time of filing of the petition. As the regular motion day in our Superior Court is on Saturday of each week, it is evident that the above mentioned period must intervene before any possible hearing. An example of the hardship which sometimes results from this situation was called to our attention recently. A father of a family of small children while operating a drop-press, so called, lost the index finger of his right hand. Owing to some dispute between the employer and an insurance company, compensation for the injury was not attended to, although the employer had accepted the act. The workman was earning fourteen dollars a week at the time he was injured, but his living expenses consumed his earnings and it was impossible for him to accumulate any surplus. His means having become exhausted, after waiting nearly three months, the employee preferred his petition to the court, and after the expiration of three weeks more, as required by law, his petition was heard by the Presiding Justice of the Superior Court, and full compensation awarded him.

During the interim between the filing and the hearing of the petition, the workman was dependent upon the charity of friends for the means with which to keep himself and his family from starvation.

The writer has the highest praise for the way in which our Supreme and Superior Courts have

met the questions presented to them under the Compensation Act. The judges of both courts have taken a broad, liberal and progressive view of the Act; they have shown a keen appreciation of the great economic principles underlying this scheme of social justice. The Supreme Court, in a learned opinion by Mr. Justice Sweetland, announced as the law of this state a great humanitarian doctrine when, in speaking of the act in the case of Donahue *vs.* E. A. Sherman's Sons Company, decided July 5, 1916, it says:

"Although we are of the opinion that, upon a strict construction of the statute, the respondent's appeal should be denied, it should not be overlooked that the act and like acts in the different states are universally considered as of a remedial character, the provisions of which should be construed broadly and liberally in order to effectuate their purpose. * * * This court in its former opinions has recognized the liberal spirit of this legislation and has been guided by that liberality in the construction of the provisions of the Rhode Island act, and in the application of those provisions to particular cases."

The writer's experience in the trial of compensation cases before the Superior Court has been that the learned jurists in that Court never seek to contract the provisions of or curtail the benefits under the act, but give effect to the act in an equitable and just manner, and take a broad and liberal view of the claims of the workmen who seek relief under the act. The Superior Court should, however, be relieved of the great burden imposed upon it in connection with this class of litigation, which is properly a matter for an industrial accident board. Such board should be given plenary control of accident cases, with power on part of the Supreme Court to review its findings in certain circumstances.

The establishment of an industrial accident board would mean that the medium would be constantly at hand whereby disability cases would receive prompt investigation and attention and the welfare of the injured person who is unable as a rule to look after himself would be expeditiously and properly cared for. Cases of delayed compensation and much financial suffering upon the part of the needy and deserving workman would be obviated. This commission of experts could not fail, in addition to relieving the court of much labor and the state of much expense, to so mould the procedure under the law as to make the same an instrument of true justice, protecting fully the rights, interests and welfare of all concerned.

DECADENCE IN MEDICAL ECONOMICS.*

By William L. Harris, M. D.,
Providence, R. I.

Whenever matters pertaining to the interests of the so-called laboring classes of people are infringed upon, one cannot help admiring the dignity and poise of the gentlemen appearing as representatives of these classes, to argue for what they consider their rights. No one can gainsay whereof derives that dignity and that poise: it derives from a consciousness of power behind the appeal they make. No one may question, furthermore, that this power readily will be demonstrated, whenever society attempts to deprive these classes of what they conceive to be theirs.

Whenever matters pertaining to the interests of the so-called financial classes are infringed upon, one may not question for a moment the quality and power of their representation; their outward forces are those of the best obtainable brains of the legal profession, alert and adept at taking advantage of every possible opening in the antagonistic elements; forceful and efficient in maneuvering through such advantages to successful issues. And as for their unrevealed forces—their unspeaking forces—they speak by silences, by silences as portentous as those of the ocean during the calm preceding a storm.

In the anaylsis of a host of situations in which the interests of the above mentioned classes have been respectively hostile, one is struck with the incidence of two essential facts in the mechanism of their solution—first, that the hosts on either side stand loyally and with unity behind their respective spokesman; second, that if their cause finally be lost, this obtains only after a conflict lasting to the end. As the result of this, we generally are now accustomed to thinking of two gigantically powerful forces in the community, namely, the labor organizations and combinations of capital. In both of these there would appear to the student of economics a progressive crystallization of the factors making for greater

*Read before the Rhode Island Medical Society, March 1, 1917

power and greater efficiency. The State, recognizing the existence of these two interdependent and yet at times very hostile bodies, has placed on its statute books limitations which neither may transgress, and the wisdom of which is at once obvious.

There is another body within Society's pale in reference to which we may speak here with more intimate knowledge. This body well may be accorded, perhaps, a peculiar notice, for its activities are not paralleled by those of any other human institution, aiming, as it does, at its own destruction. Specifically, this body is that of our medical profession, and the activities I mention consist in the persistent and progressive labor we perform to eliminate disease processes and disease entities—the very foundation of our existence. Just for the sake of contrast in the picture, let us imagine for a moment the conditions with reference to one disease, namely, smallpox, witnessed a little more than a century ago, before one of us, the immortal Jenner, gave to the world his vaccine. One of the historical writers of that time tells us that there was no family which had escaped the loss of its dear ones, while comparatively few remaining people in many parts of Europe did not bear marks of having passed through its ravages. I mention smallpox merely as an example of many conditions known to you, perhaps, better than to me. We might say, speaking generally of infectious diseases, that either they have been eliminated altogether, or their incidence has decreased, their severity in individual cases diminished, and their complications and sequelae obviated by the painstaking, persistent study of their malevolent features by expert clinicians and laboratory workers and the ready acceptance and application of the findings of these men by the rank and file of unselfish physicians the world over, who thereby, materially—and deliberately, gentlemen—have deprived themselves and their dependants of a large source of income.

This fact, acknowledged generally by mankind, stands out clear and convincing and marks medicine not merely as a profession, but a vocation, a priesthood.

Unfortunately, there is another aspect of the situation as we must view it, an aspect which every one of us who loves his work, perchance, as it was loved and consecrated by those whose names come down to us in our traditions, representative of the best ideals of a glorious past in this, our profession. This aspect concerns the factors that will add to the days of our usefulness in the community, and must in the present economic adjustment of things be considered side by side with our ideals of service. Like politics, economics,. too, makes strange bedfellows, and so we perceive that unless the idealist in our midst receive at least a goodly proportion of what we may deem the economic value of his services, he faces a problem having for one of its phases the curtailment of his activities in humanity's behalf. Our idealist cannot dream himself into food and clothes and housing, unless the substance of his dreams has expression in the proper management of the business side of his profession. Again we see the State assuming control of matters pertaining to the relation of our members with the rest of its people, just as with the two great classes previously mentioned; and we find ourselves bound by laws of both the civil and criminal codes.

At this point the similarity of our position to that of our friends of the former classes ceases, and we find ourselves forced to accept, with the best possible grace, conditions that are at once anomalous and absurd, for the simple reasons that we are not as are these classes, which we mention for comparison, in that we do not stand as a unit, loyally behind our spokesmen, nor do we wage a vigorous fight to the end for our principles in matters of business. And how perfectly apparent it must be that, were we so to conduct ourselves, we could claim more consideration and more nearly justice than almost any other class of society. Incidentally, we could assist in large measure, too, in correcting abuses suffered by many innocent and helpless people from those who from carelessness or actual meanness heap such abuses upon them. However, we are not doing these helpful things, and we are less able to do them, if we would, than we formerly were, for many reasons; and so I have presumed to address you today with reference to a few of the factors which make for what we must consider decadence in our medical economics.

When the representative of large insurance interests may stand before the Judiciary Committee of your House of Representatives of Rhode Island, and make the statement made by such a a man at the hearing on the Workmen's Compensation Act last Tuesday, that all the doctor cares

for a case is for what he gets out of it financially, and when such a message as this goes forth unchallenged through the newspapers of this State, to be read by thousands, perhaps, of credulous people, then I say, gentlemen, that it ought to be apparent to you all that the attitude of some of the profession, who would make it appear that the consideration of financial obligations of a patient is very decidedly negligible, has served no purpose. And it is perfectly fitting that such a false understanding should not prevail, for this is one of the great evils from within which we must strive to eliminate, but which has always been with us, and cannot properly be discussed here with relation to the subject matter of this paper. Just a word, however, may be said in passing, with reference to the defection of many men honored by this Society and the profession of our State, whose presence and whose word were conspicuous by their absence, and yet are so conspicuous in the protest against this type of indignity.

For the sake of clarity and brevity, I would outline my subject matter under the following two topics: First, the decadence due to the hospital and dispensary evil; second, the decadence due to new and unjust laws on our statute books with reference to the medical treatment of employees.

Now, gentlemen, first and foremost we have to acknowledge that if it were not for inherent weakness and cupidity on our part as men and as physicians, we would not have to submit to either of these evils, and so, without prolixity with reference to this first, vital point, I shall proceed to address myself to the concrete elements involved in these topics as such. The hospital, as I understand it, is an institution wherein the sick may be treated,—that is to say, where they may be fed and kept warm, and cared for by trained observers, so that they cease, so far as may be, to harbor conditions inimical to themselves or to the community; whence they emerge, restored, so far as may be, to their former condition of good health and usefulness in the community. The reason why they have been placed in the hospital is that here as nowhere else outside an elaborately appointed home are the paraphernalia for systematized care of the sick. Such a hospital may be a private hospital, a public hospital receiving both private and charity patients, or a hospital devoted exclusively to the care of charity patients. However, it will be at once apparent that there is nothing in the fact of the entrance of a patient into the hospital that will entitle him to charity not equally pertinent to his case, provided he remain at his own home or go elsewhere. The factors for which the individual pays during his stay in the hospital are those called for in the expense of the institution, including housing, food and care by the students in training on the resident medical and nursing staffs. If the patient require the services of a graduate nurse, not supported by the institution, that nurse will be furnished at the patient's expense. And so it should be with reference to the physician,—and so, some day, I fully believe, it will be in every institution in the country. Doctors are getting thoroughly tired and disgusted with their exploitation by the institutions in which they serve. Some express their sentiments; others are not so bold. If a patient in a hospital ward is one who in his own home would be able fully to pay for his sustenance under the condition that places him in the hospital, he should be required to pay the hospital proportionately for such sustenance; and if he is one who would have had to pay for medical attention at home, then he very certainly now should have to pay for his medical attention in the institution. Nothing need be said at any great length with reference to the poor; no physician worthy of his high calling ever refuses them aid. We do not need any advertising in this regard. That advertising has been taken care of for us very well. It is the abuse of our so well recognized readiness to contribute more than liberally to the needy that necessitates any discussion of this present subject.

So far has the hospital abuse of physicians developed, that only a few years ago a request was made at one of the meetings of this Society which, if it were not for the pathetic helplessness of the men concerned in its purposed results, would be a fitting contribution to Joe Miller's Joke Book. This request, in substance, was that the Society appoint a committee to draft a comprehensive fee-table for injuries to patients entering the hospital under the Workmen's Compensation Act, so that the hospital not only might collect the ordinary bill for hospital expenses, but that, in addition, suitable fees thus outlined might be exacted for the work done by the attending staff of the institution. Upon my inquiry

from the gentleman proposing this matter, whether the fees thus collected were to be turned over "in toto" to the attendant as his private compensation, I was informed that this would not be the procedure, but that the institution was to keep this sum for itself. I felt, and so expressed myself at the time, that this certainly ought to prove the proverbial straw; and as a result of the discussion, no such arrangement was countenanced by the Society.

Another imposition of the hospital upon the physician is that which obtains through the endowment of beds. Good and praiseworthy as it is in its original conception, namely, that of providing a means for the institution to admit to its care human creatures who, by reason of unfavorable circumstances, are unable to pay for their sustenance when stricken by illness, this donation has been made the means of the further deprivation of the physician of his rights. No matter what the social condition of the patient occupying the endowed bed may be, under existing circumstances he is to be treated by the attending physician, at whatever inconvenience to that physician, without contributing a sou to the sustenance of the physician. Let us, for the sake of argument, fancy such a situation reversed, and imagine, if you can, a state of affairs wherein the physician exercises a prerogative to admit to the wards and corridors of the hospital his well-paying patients who are, ipso facto, relieved from the duty of paying hospital expenses. How long, in the ordinary course of events, could the institution exist? Absurd, do you say? Only absurd because unique, and because you will realize that no institution, and no individual except the doctor, would countenance for a moment such a manifestly inequitable and unfair procedure. Isn't the existing condition quite equally absurd? And in addition to the palpable injustice to the doctor, do we not work a wrong in pauperizing the patient?

In assuming the viewpoint that has seemed to have become chronic with them in many cases, the hospital corporations' pet argument so frequently is that money is needed to support the institution. They seem to believe that ravens feed the doctor. And, furthermore, for the moment at least, they appear to lose sight of the important fact that when the connection of the physician is left out of consideration, the hospital becomes simply a boarding house,—a home for the infirm. No treatment may be administered there under the law, and if someone dies without a doctor's having been summoned, there are fair chances for criminal procedure in the circumstances. To be brief, the essential element in the hospital is the doctor, not donations, not fees collected from corporations, not moneys or merchandise of whatever character from whatever source. I am in favor of every act of co-operation possible on the part of the doctor with the hospital management, and, in my work, I am attempting to exemplify such belief in such co-operation, but I am opposed unalterably to anything masquerading under the name of co-operation which has for its end the debasement of the doctor through the decadence of his economic problem.

Let us consider the second factor of decadence, namely, with reference to that provided by unjust laws.

For the past few years we have been worrying along with the Workmen's Compensation Act that has been a fair rival, for unfair honors, of the hospital corporation just cited. Under this act the abuses interesting us as doctors are: First, that if an employee is injured, adequate medical care and treatment will be furnished him during only the first two weeks of his disability; second, that employers presume to construe parts of the Act to indicate that they solely may choose the physician to treat the injured employee; third, that the physician has been deprived of his rights to sue in court the individual or corporation responsible under the law for the payment for such services. If we are to recover we must sue the employee and take our chances of realizing on the judgment from him. If *he* is to recover, he must sue the insurance corporation, insuring his employer. If the employee, perchance, disappears, we have no redress, save what the insurance corporation chooses to pay as a gratuity,—usually an inconsiderable part of the amount claimed as reasonable charges for the services rendered. Because of the many disagreements arising from the doctor's protests against the presumption of the insurance corporations in dictating to him what his fees should be, another evil, or rather a series of evils has sprung up, of which the following are illustrative:

First—Wholesale rates are made with young and needy physicians or with older men not so needy of funds, but more or less needy of

ethical development, resulting in many cases, in slipshod methods and, occasionally, of the type of work that is absolutely criminal.

Second—The establishment of first-aid stations in shops, and factories, and mills, wherein nurses are in constant attendance, who give medical services, so-called, for which is paid a sum totally insufficient for providing the adequate medical attendance required by the law.

Third—The interference with the work of the nurse, and the abrogation of her functions, wholly or in part, by foremen and others in executive authority to the detriment and the safety of the individual and the community.

Of the first of these little may be said at this time, except that upon the satisfaction of the proper authorities, by type cases, that these men are practicing medicine illegally, prosecution will follow, just so surely as prosecution has followed the discovery in this State of members of the profession who were procuring criminal abortions. The law is definite and specific as to the proper care to be exercised in the treatment of injured people, whether they be those who are obliged to labor with their hands for daily bread or whether they are more fortunate, perhaps, in having had their forbears act vicariously in their behalf.

In the second type of evil,—that with reference to the first aid stations,—we encounter a peculiarly interesting and objectionable transaction, the widespread effects of which readily may be imagined.

There exists in every community, and especially in the sort of place where such a nurse may be engaged, a part of the population that imagines the nurse, because of her hospital training, to be endowed with peculiar qualities of understanding, with reference to sick people and their proper treatment. So far does this belief extend, at times, that these people have been heard to remark that they would rather employ a certain nurse than the best doctor in the State; and so we find these young women whom we train to assist us in managing the sick, only under our direction, entering the field, absolutely illegally, as our rivals in the practice of medicine. These are the young women to whom our services are given freely and without price in event of their being sick, yet pay full wages when they come to us in a professional capacity, and who ought to know full well what our relative positions are and should be. The first word, then, to convey to the people deluded with the idea that the nurse can well be substituted for the physician in the premises is that the nurse is absolutely incapable of helping them as they ought to be helped in such emergencies, and that, moreover, she, in common with all others not registered as physicians in the State, is in danger of the long arm of the law when she assumes the privileges of acting as physician in a case.

There seems to be some misunderstanding as to the meaning of "first aid." The only meaning of first aid is, and must be, in this reference, the assistance which is rendered to the injured person against the coming of the doctor. Any aid rendered to the sick with any other idea than this is, in fact, practicing medicine, and any person employed by a corporation for the treatment of wounds suffered during the course of that employment, whose services are rendered except under the direct supervision of a doctor, is earning her living not as a nurse, but as a practitioner of medicine. Specific instances of the fear-reaching effects of such illegal performances, even in cases wherein the injury was apparently very trivial, have come within the scope of my own practice many times within the past few years, and, from the reports of other practitioners, I understand that the harm done by this method of care of the unfortunate employees injured in some of the manufacturing plants of this State is sufficiently extensive to be of interest to the State Board of Health and to the Attorney General's department; and I wish to assure you here and now that if the condition described is not remedied forthwith, steps will be taken to bring the offenders to justice. I have seen a young girl, whose forearm had been involved in purulent process to the extent of all but permanent loss of function of the flexor muscles of the forearm and hand, who gave me the history of having been under the care of the corporation's nurse for two months previously, and yet, face to face with the terrible consequences of the loss of her arm or, at least, the usefulness of that member, this poor child's only concern seemed to be that if I revealed the facts in the case to the legal authorities for the purpose of prosecution, she would lose her job. Cases frequently are reported to me of nurses' prescribing for such treacherous conditions as tonsilitis, abdominal pains, eye lesions, et cetera. In one

of the cases of injury to the eye observed by a gifted member of our profession from the northern part of the State, sent by him to the Rhode Island Hospital because he felt his armamentarium to be incomplete for the proper removal of a piece of steel lodged in the iris, fearing the loss of both eyes, for obvious reasons, he was nonplussed a few days later to learn that the eye was being treated by a nurse who was using instillations of a solution of cocaine. Here is at once a violation of both the medical practice act and the Federal law with reference to the use of narcotics.

Numerous instances might be quoted wherein as a part of the daily routine of these first-aid stations, the nurse incises abscesses, sutures incised and lacerated wounds, and then starts out from this first-aid station, in true medical style, to make visits throughout the vicinity to the patients to whom this class of treatment has been exhibited on former days, telling them not infrequently how unnecessary it is for them to summons a physician. On her rounds she will prescribe arsenic, strychnine, aspirin, acetanilid, and other coal tar derivitives, and even morphia, when in her judgment, utterly unsupported, she deems it necessary, even though a growling appendix calls for the latter dangerous and most objectionable medicament.

Finally, with reference to the abrogation of these illegal functions by the foreman, or somebody else at hand. In discussing the matter with people who are in a position to put an end to these abuses, I have found it difficult to impress them that I speak seriously and with definite information when I tell them that I have in my possession data which will convict a foreman of a large manufacturing plant of illegally practicing surgery, because he has amputated the finger or sutured a lacerated wound of an injured employee. It is inconceivable to many people that this individual not only had the necessary nerve to perform the amputation but assumed to exercise as to whether the finger should be amputated or an attempt made to save it. Those of us whom experience has taught how easy it is, after an almost total, traumatic amputation, to suture on so useful a member as the finger of a workingman or woman, reasonably may stand aghast at this man's impudence and daring.

A combination of the abuses possible under the Workmen's Compensation Act and those inherent to the present day functioning of so-called public hospitals simply adds to the agony of our economic decadence. Today, the patients upon whom our existence depends, injured in the pursuit of their work in any of the industrial plants, instead of being sent home, where they would be sent were their wishes consulted, are rushed off to the hospital. They bear more or less patiently with the imposition, because they are given to understand that this disposition of them is the only one pleasing to the employer. Like the little girl, the loss of whose arm was threatened, they fear to lose their jobs, and thus they are deprived of the services of some one, whom they feel has their interests at heart; and we are deprived of the patronage of people whose good-will we have striven long and patiently to earn and maintain. You and I know the manifold advantages obtaining from the presence of the family physician in any case. Every day I am called into consultation in cases beyond the ken of the family doctor, wherein I realize full well that if the patient is not assured that my work is done under the absolute approbation of the doctor, it must not be done at all. And I feel that this is an attitude to be fostered and encouraged for the benefit of the patient and the profession. There are a lot of things that I do not know about the practice of medicine and, particularly, there are a lot of special things that I do not know about the patients and families of the doctor who honors me with the reference of his surgery.

From the viewpoint of the interest of the patient alone, neither I nor anyone else should be permitted to take that doctor's patients from him, with no other reason, as an excuse, than that I am one of a favored few that happens to be on the visiting staff of a general hospital. I cannot believe that I am doing the absolute best for a patient who looks upon me as a more or less necessary evil, who constantly reminds himself, and maybe reminds me, too, that I am not doing for him what his own family physician would do. And deep in his heart, I cannot help believing every man who finds himself in such a condition will make a similar acknowledgment. Again, we deal here with the matter of the endowed bed. Use may be found for this in the circumstances, by the employer, who can thus, perhaps, reduce his insurance rates by showing that, in event of injury, his employees are ad-

mitted to such a bed absolutely without charge; and, as a result, not only does the physician lose his fees, but the hospital subscribes further to the increased dividends of an insurance company in some remote state or country.

What are we doing for our part to advance the interests of our profession? The answer is, "much for its advancement as an art and a science; nothing for its advancement as a business proposition." Steadily the standards of requirements for license to practice in this State, as in most others in the Union, have been raised, until today, in order to be eligible for admission to practice, the doctor must at least have devoted eight years directly to the preparation of his career, in college, professional school, and hospital study. He must have been graduated from a Class "A" school, which postulates his having received a degree in art or sciences; he must have served an interneship in a hospital of at least fifty beds and present evidence of having been in attendance upon at least ten obstetric cases. Such requirement standards have gradually forced out of existence the lower grades of medical schools, from some of which have been graduated many of the intellectual giants of the profession. Coincidentally, the numbers of matriculates in medical schools has decreased, and we already are confronted with a paucity of internes for our hospitals. Where formerly large numbers of men presented themselves for examination for positions on the resident staffs of hospitals all over the country, now many hospitals may be found advertising places for the asking, and paying salaries for services formerly gratuitous.

However, despite the enormously reduced numbers of men seeking admission to the profession, yet the inroads made upon the necessity for physicians by the reduction of morbidity, the numbers of dispensaries improperly controlled from a business point of view, the grafting of the large public hospitals on the earnings of staff physicians and surgeons, and, finally, the advent of the new paternalism made possible by compensation laws, all bring the quota of financial returns to the overworked doctor to the semblance of a meager pittance only too frequently. It is time that we were fully awakened to the possibilities of our resentment against imposition, as the laborer, in any field, and in all fields except our own, is awakened; and as the vendor of any valuable merchandise is awakened; like them, to make manifest our having been awakened, and again like them, to receive the respect accorded to those who take their stand with dignity and with poise, conscious of the quality and the power of our representation—conscious, too, that this power readily may be demonstrated whenever society attempts to deprive us of what we conceive rightly to be ours.

CLINICAL DEPARTMENT

REPORT OF A CASE OF GANGRENOUS ARTHRITIS OF THE KNEE OF DIABETIC ORIGIN.*

By J. C. Rutherford, M. D.,
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This case is reported because it is of a character not often met with in the surgical treatment of diabetes.

On September 30, 1914, came H. T. D. with a carbuncle on his head just posterior to the left parietal eminence. His history is as follows: American; age 52; married; manufacturer; has had glycosuria for about twenty years; lost his right eye as the result of an accident in 1878; was operated by external urethrotomy in 1892; was circumsized in 1907.

Under gas-ether anesthesia, the carbuncle was freely opened and all diseased tissue removed by curette. October 12, 1914, urinalysis showed: albumen a slight trace, sugar 7.14 per cent.

The wound on his head did not heal, but, on the contrary, the tissues under the skin sloughed out until there was a cavity approximately four inches in diameter, leaving a portion of the skull about the size of a silver quarter entirely bare. For about six months he was kept on a strict diabetic diet and given such tonics as were required. Later, as will be seen, his diet was less restricted. The amount of sugar in his urine gradually decreased until on November 1st it had entirely disappeared. At that time, November 1st, his head began to improve but was not completely healed until January 8, 1915.

On or about November 15, 1914, he began to complain of pain and tenderness in his left knee. At first there was neither swelling nor discoloration around, nor crepitus within the joint. All

*Read at a meeting of the Medical Improvement Club of Providence, R. I., November 20, 1916.

sorts of treatment was used, but without avail; the knee steadily grew worse. About December 5th there appeared a small fluctuating swelling on the inner aspect of the knee over the upper end of the tibia, and with it crepitus in the joint. The swelling gradually increased in size until it was about half as large as a hen's egg. In May it was aspirated and a small amount of clear, straw-colored odorless fluid, free from pus, withdrawn. The aspiration wound was kept open, and from that time on there was a small but continuous flow of the yellow fluid. In the latter part of June the foot and leg began to swell, and by August they were markedly edematous, and there was also some edema of the posterior part of the thigh.

From about the first of May he could neither bear any weight on that leg, nor have the knee flexed or extended even to the slightest degree without suffering excruciatingly, and was obliged to wear a posterior splint all the time to prevent involuntary movements of the joint. Pain in the knee was so severe and so constant, that only by taking large doses of morphia, frequently repeated, could he get any relief at all. During his entire illness his temperature never went above 100°, and most of the time was normal. He lost flesh until he was literally skin and bones, notwithstanding the fact that his appetite was fairly good and that he was given the most liberal diet, being allowed to have all he wished of nearly everything his appetite craved, except sweets. On July 17, 1915, the urinalysis showed albumen a slight trace, sugar being absent. The medical treatment consisted of strychnia, large doses of bi-carbonate of soda, and morphia. He also had occasionally a little sour wine. He was seen several times by Dr. Williams and Dr. Fisher, who kindly gave me their advice as to treatment.

In July, 1915, he was seen by Dr. Joslin, who, after going into the history of the case and making a thorough examination of the patient, advised starvation for three days, followed by a strict diabetic diet. That advice was not followed for two reasons: first, as the patient was sugar free I did not consider such treatment necessary; and second, I felt that starvation for even twenty-four hours would, in his greatly weakened condition, be fatal. I did, however, consent to some modification of his diet. I told Dr. Joslin that amputation had for some time been in my mind, and asked his opinion of that procedure. He opposed it on the ground that the patient would probably succumb to the shock of the operation, and that treatment was deferred for the time being.

The patient, however, steadily grew worse, his suffering increased and his condition became so pitiful that, deeming it but an act of mercy to end his suffering, he was taken to the Parade Street Hospital and on August 4, 1915, under gas-oxygen anesthesia, administered by Dr. Miller, amputation was quickly performed by the V-flap method, at the junction of the upper and middle thirds of the thigh, Dr. Fisher assisting me in the operation. The blood vessels were found to be in excellent condition, the femoral artery, which was more carefully examined, being apparently normal. The tissues of the thigh poseriorly, being somewhat edematous, a small drain was placed in the wound, four silkworm gut sutures were passed through the thicker part of the flaps, and the edges closed with continuous silk suture. The patient was put to bed in good condition and rallied well from the anesthetic. Twenty-four hours later the dressings were changed and the drain removed. The stump healed by first intention, and the patient returned to his home August 11, his general condition greatly improved. From that time on his improvement was remarkable; at the end of four months he had gained fifty pounds in weight, and was attending to his business, which he had been unable to do for nearly a year. Six months after the amputation he procured an artificial leg, which enables him to get about freely on foot and also to drive his car. Repeated urinalysis showed his urine sugar free.

During the summer of 1916, he was feeling so well that he dropped his diabetic diet, with the result that urinalysis on October 3, 1916, showed sugar—5.5 per cent.—for the first time since November, 1914; a small amount of diacetic acid, no albumen, and he was directed to resume his diabetic diet.

On October 24, 1916, urinalysis showed no sugar, no albumen and a small amount of diacetic acid. Since that time his urine has been sugar free.

When the knee was opened it presented a most interesting condition. The articular surfaces were completely destroyed, the patella was ankylosed by its upper end to the femur, and the joint was filled with an odorless, somewhat viscid fluid, free from pus, green in color, resembling the "frog-scum" on a stagnant pool. On the end of the femur were two masses, grass green in color, about one inch high and the size of the end of the thumb, fungoid in character and of a rather firm consistency.

There are several interesting points in the case reported: The difficulty encountered in healing the head, and the length of time it took—110 days; the absence of high temperature throughout nearly the whole of the illness; the absence of odor and pus in the knee; the healthy condition of the blood vessels; primary union of the stump despite the edematous condition of the tissues; the remarkable improvement following amputation; and the fact that now, March 5, 1917, his urine is still sugar free, and that he is feeling, as he expresses it, "better than he has felt for ten years."

The paper was discussed by the members and guests of the Club, but more particularly by Drs. P. E. Fisher, J. E. Mowry and George S. Mathews.

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Section on Surgery—2d Wednesday in each month, Dr. F. G. Phillips, Chairman Dr. Peter P. Chase, Secretary and Treasurer.

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Section on Gynecology and Obstetrics—3d Wednesday in each month, Dr. C. W. Higgins, Chairman; Dr. E. S. Brackett, Secretary and Treasurer.

Section on Medicine—4th Tuesday in each month, Dr. G. H. Crooker, Chairman; Dr. C. A. McDonald, Secretary and Treasurer

R. I. Ophthalmological and Otological Society—2d Thursday—October, December, February, April and Annual at call of President, Dr. Lewis B. Porter President; Dr. H. C. Messinger, Secretary.

EDITORIALS

MEDICAL PREPAREDNESS IN RHODE ISLAND.

The local profession will be interested to learn of the progress made in this state toward an adequate preparedness of medical forces. The state committee of the Committee of American Physicians for Medical Preparedness has been at work for nearly a year compiling data regarding the medical resources of the state. This information has been deposited with the Surgeon General of the Army. Recently the National Red Cross has asked practically this same committee to have supervision of the medical activities of local Red Cross work. Last summer a Red Cross chapter was established at Newport and a chapter is now instituted in Providence. It is expected that other chapters will soon be established in various centres throughout the state. The medical activities of the National Security League in this state are in the hands of this committee, with the addition of five other members. Lastly, this Committee of American Physicians has been recognized by the Council of National Defense, and has been

asked to coöperate with the authorized national medical bodies and with the established agencies of the Federal Government.

It will thus be seen that the various national and local organizations interested in assembling and coördinating the medical activities of this state are working in unison and harmony. Already these plans have taken definite shape. Certain physicians have been assigned to serve with the various squads of constabulary recently organized by the National Security League. Others have offered their services for ambulance duty. Some have agreed to give instruction in First Aid to the Injured, to assist in the assembling of medical and surgical supplies at various points within the state, and to serve in other ways if need should arise. Every physician in Rhode Island will shortly receive a request asking him to indicate what kind of medical work he is willing to undertake, should his services be needed by state or Federal Government. It is determined to be prepared for any calamity, whether of peace or war. Here is an opportunity for every physician to show his patriotism and "do his bit" in helping to place the medical forces of this state on a high plane of efficiency. It is but the part of wisdom to be ready for any condition which may demand medical service.

Every physician who is eligible should seriously consider joining the Medical Reserve Corps of the United States Army, and should make application to the Surgeon General. In this way his special talents can be directed by the organized forces of government into those channels where they will be most useful.

CO-OPERATION IN THE PROFESSION.

Coöperation in all the units of an organization is essential if definite results are to be attained in any plan of campaign and the possibilities of achievement which may be reached by concerted action of the medical profession of Rhode Island has been exemplified once or twice in the history of our State Society. Our Library Building is an example of what we can do if we get together and work hard, and it requires no prophetic vision to foresee greater usefulness in the future if all eligible physicians were active members. The American Medical Association Organizer, who recently canvassed the state, reported a list of over seventy physicians who were ready to join the State Society. Less than half of this number have actually joined and it is up to some one to find the other half. There should be at least eight hundred members of the Rhode Island Medical Society. Some of the physicians have not joined because they have not an overwhelming interest in the scientific work of the society, and some of the present members are afflicted with the same trouble; some because the urging has been too weak and not continuous; and some because of a general malaise. Touch the pocketbook and we all come to life, and if membership in the State Society brought with it a financial gain, there would be no laxity in joining or continuing in membership.

This is an automobile number and we are all interested. If a group of physicians are found in conversation, it is an even bet that they are talking of automobiles as well as medicine and anything which makes cheaper or better the almost universal method of conveyance for physicians is bound to be of interest. The Rhode Island Medical Journal is the mouthpiece of the Society. Its interests are yours and it would not be published if it did not serve the profession. Those in charge certainly do not hanker after the work and responsibility, and it is made easier for us all by our advertisers. Let it be understood that the man who advertises in the Journal gains the good will of the entire profession and that its continuance depends upon the service he gives us. Let the man who deals in automobiles, in tires, in gasoline or accessories feel that he has by one advertisement gained the attention of eight hundred physicians, and his advertisement is worth something, both to him and to us. Tell your dealer that you came because of his advertisement. Let him know its value and he will begin to appreciate the worth of such a custom. Moreover, the custom of such a number of buyers will insure better values and lower cost. Boost your own car, your tires, your gasoline, but boost it through the Journal.

HANDS OFF THE LABORATORY!

The perusal of Dr. Bernstein's report on his experiences in the Laboratory of the State Board

of Health, published in the January issue of THE RHODE ISLAND MEDICAL JOURNAL, cannot fail to impress one with the very creditable work that has been done there since he took charge of and organized the laboratory on a modern, up-to-date basis. The State Board of Health may well feel a pardonable pride in that they made their choice without reference to those ulterior motives which too often tincture the appointments to public office. In view of this praiseworthy attitude when the laboratory was started on its new career, it is doubly important that this same high-minded mood be maintained in future relations of the Board to the conduct of the laboratory. While the general policy of the Board to train young men for laboratory work here in Rhode Island is praiseworthy, it should be borne in mind that the laboratory as now constructed is not a teaching institution and that the services of the laboratory head and assistants are primarily for the benefit of the profession at large in serving the community and only as a secondary consideration should training of young physicians in laboratory technique be undertaken. The time and ability of the head of a non-teaching laboratory are far too valuable to be diverted to the teaching of a few men who may or may not remain to practice under the laws of the state which has trained them and paid them while training. Moreover, any man deemed worthy of assuming directorship of such a laboratory as we now have should not be subjected to the annoyance and pettiness of political intrigue in the appointment of assistants. The director should have the power to select his own assistants subject to approval of the Board. The State Board of Health will without the shadow of doubt be acting as the profession at large would wish it to when they keep their laboratory rigidly free of politics.

THE OUTPATIENT AND DISPENSARY CLINIC.

In the quotation from the Annual Report of the Trustees of the Rhode Island Hospital, which was discussed editorially in the March issue of this JOURNAL, one sentence deserves especial attention. "Most of the visiting men in the House have served as externes in the routine work of Out Patient Department Clinics, and have continued their services there long after this experience in treating such cases ceased to be valuable and became a drudgery." This statement forms a part of a broadminded and gratifying appreciation of the physician's part in the care of the sick poor. Let us hope, however, that it is not true. Where in Rhode Island can we find a medical man to whom the opportunity of daily study of the wealth of clinical material seen in the local Out Patient and Dispensary clinics is not of value. It is not, of course, comparable to the continuous observation of patients in the hospital proper, who can be studied under favorable conditions, nevertheless there are offered to the physician to out patients certain definite opportunities in return for his efforts. These are usually in direct proportion to the training and enthusiasm of the physician, the amount of time that he is willing to give to the work, and the excellence of equipment of the department in which he serves. He sees daily many new, interesting, and often unusual cases, and has the opportunity of studying them, conferring when necessary with specialists in other lines than his own, and bringing to bear on them all the resources of the hospital or dispensary in order to make a correct diagnosis and carry out appropriate treatment. That out patient work is often discouraging and of but little value to the physician, and indeed to the patient as well, is due to the fact that the clinics are as a rule under-manned and under-equipped. The demands of private practice usually prevent the doctor from spending more time than is absolutely necessary in the clinic. When he and his two or three associates are confronted by twenty or thirty patients, each of whom may present a problem demanding much thought and detailed study, and all of whom must be interviewed, examined, and treated within an hour or two, is it any wonder that the work becomes perfunctory, superficial, and inefficient, and that to the doctor it "ceases to be valuable and becomes a drudgery?" Given an out patient clinic in which the number of physicians on duty is sufficiently large to allow of a detailed study of each patient, in which the staff works in complete co-operation with the house services to which patients are constantly being referred, in which ample equipment as well as technical and laboratory assistants are provided, and to the well trained physician the work ceases to be a drudgery and becomes superlatively valuable. This is the ideal

toward which it is to be hoped the clinics of the state are constantly progressing and which has to a great degree been realized in certain other communities, but not as yet in Rhode Island.

THE FUTURE OF MEDICAL PSYCHOLOGY

There are some men so constituted by temperament or by training or both, that the worst thing which can happen to a good cause is that they should get hold of it. Such men are moody, irritable, intolerant of the views of others; they do not distinguish between knowledge and mere opinions; they are forever mistaking metaphors for proofs, and in the advocacy of their beliefs they repel rather than gain adherents. Not that they intend to do these things; it is rather that their enthusiasm gets the better of their judgment. Should you tell them that their propaganda is marred by party-spirit they are surprised, perhaps even hurt; yet all the while their cause is really good. Medical psychology is a good cause which has suffered in this way.

If you study a little carefully the trend of modern medicine you will be impressed, shall we say heartened too? by the fact that our science and art have outgrown the merely mechanical formulas that so potently charmed the physicians of the latter half of the nineteenth century. While we gladly and most gratefully acknowledge the wonderful services rendered to medicine, then and now, by physics and chemistry, still we do not fail to see that these natural sciences are, by their very nature, unable to compass the whole of the reality with which we are called upon to deal. For the more faithful physics and chemistry are to themselves the more abstract they become, and at their best they do but give us certain aspects, certain partial views of the truth, useful in their way and as far as they go, but liable to hamper and stiffen our minds unless we pass beyond them. Fortunately biology has taught us to widen our horizon. Instead of mechanisms, physical and chemical, the biologist presents to us living organisms; the concepts of matter and energy he replaces with the concepts of adaptation, behavior and environment. He shows us how living beings comport themselves on this planet, and when he becomes physician as well as biologist he rises to a plane still higher and studies human personality. At the level of the body he is chemist or physicist; at the level of the mind he is psychologist, but neither at the one level nor the other is his vision or his interest exclusive. Pathology still retains for him its ancient and literal Greek meaning, the science of suffering, physical and mental.

Now in spite of a certain crudeness still attaching to it, in spite also of certain rash generalizations on the part of those more ardent than prudent, there is still in medical psychology a great mass of information which can be turned to practical uses. To seek out the more or less hidden mental causes of various bodily symptons; to investigate the mutations and permutations of instinctive tendencies which hinder or frustrate personal development; to resolve certain moral conflicts which make for unhappiness; to give point and direction to the will; to rob some fears of their significance and to dull the edge of others, all this and more is the business of medical psychology. Failures there will be, and those too in plenty, but who ever justly condemned a thing because it is not always successful? As well cease to operate because some patients do not recover. Moreover medical psychology is nothing esoteric, it ought to be and can be a part of every physician's therapeutic outfit. And yet we are perhaps not far wrong when we say that the helps of medical psychology are not utilized as freely as they might be. There is no more difficulty about acquiring a fair working knowledge of medical psychology than there is in acquiring a knowledge of the principles of immunity, perhaps not as much. If our Professors of Therapeutics spent less time discoursing about the supposed virtues of musk and more on the elucidation of some simple psychological procedures the difficult task of physicians would be rendered a little easier. We do not wish to enthuse overmuch, for assuredly a becoming restraint ought to be with us always, yet we cannot help thinking that here is a field of fertile endeavor where the workers are all too few. And lastly may we indulge the hope that when the history of twentieth century medicine comes to be written the chapter on psychology will be as impressive as that on physics and chemistry? Our own faults and foibles will be forgiven us because we have played successfully, in however modest a way, the role of ancestors.

THE MEDICAL LIBRARY BUILDING.

It is a well-known but tardily appreciated fact that the financial condition of the Medical Library Building is far from satisfactory. Unless a larger source of income is soon forthcoming, it will be necessary for the members of the Rhode Island Medical Society to contribute to a deficiency fund. Although this matter has recently been referred to in these columns, the subject is sufficiently serious to warrant repetition. One of the remedies suggested is that greater use be made of the Library Building by the local profession and by the various bodies closely allied to the medical profession. In return for the use of the building a small honorarium could be presented to the Society. The members of the Rhode Island Medical Society who are members of the various private medical clubs should arrange to use the Library Building regularly for the meetings of these clubs. The expense is small, and the cost of entertainment is no greater than when given at a club, office or home. It has been estimated that if the Library Building were to be used regularly by all the members of these various clubs that the annual income of the Society could be augmented by at least two hundred dollars.

ILLEGAL PRACTICE OF MEDICINE.

Anthony Comstock cleaned up the "red-light" district of New York by driving the inmates out of certain identified districts and scattering them promiscuously throughout the entire city. The value of a method of combating a wrong condition by causing it to operate in another community than its accustomed habitat is certainly open to question. One might be lead to believe that the powers of the state Board of Health are municipal rather than state and that it has in some degree comforted its sense of righteousness and well-doing by adopting the Comstockian plan of dealing with illegal practitioners. A few months ago the public was informed that one of these men had been forced to close his office in Providence and had had his license to practice medicine revoked by the state Board of Health. After allowing a reasonable time for public interest to subside, the doctor, shorn of his legal right to practice medicine, moves just across the city line and with his practice increased many-fold by the gratutitous advertising he has received of late, continues his practice with a figurative thumb applied to his nose in the direction of the state Board of Health.

SOCIETIES

RHODE ISLAND MEDICAL SOCIETY.

House of Delegates.

Special meeting, Dec. 27, 1916. Present Drs. Mowry, Welch, Richardson, Van Benschoten, Hammond, Barrows, Hawkins, Swarts, Noyes, Leech and by invitation Drs. F. N. Brown and W. L. Harris. The President, Dr. E. D. Chesebro, presided. The subject of the meeting was the Workmen's Compensation Act, and after a brief report of the Chairman, Dr. Brown, the question of amending the Act was thoroughly discussed. It was moved by Dr. Richardson and seconded by Dr. Welch that the present committee be instructed to prepare amendments to the existing Act and to report at a future meeting of the House of Delegates with suggestions. So voted.

The resignation of Dr. Roland Hammond as Chairman of the Committee on Necrology was accepted, and Dr. C. F. Gormly was appointed a member on that committee.

The resignation of Dr. M. B. Milan as delegate to the New Hampshire Medical Society was accepted, and Dr. Henry W. Hopkins of Warren was appointed in his place.

Adjourned.

J. W. Leech, M. D., *Secretary.*

House of Delegates.

Special meeting, Jan. 23, 1917. There were present Drs. Howe, Sullivan, White, Hammond, Barrows, Richardson, Keefe, Mowry and Leech. The President, Dr. E. D. Chesebro, presided.

Dr. F. N. Brown, Chairman of the Committee on the Workmen's Compensation Act, presented a draft of suggested amendments to the present bill which provided for medical treatment for the first four weeks after injury and the fixing of the maximum charges for such service at $100 when no major surgical operation is necessary and $200 when a major surgical operation is necessary. It further provided for free choice of physicians by the employee and for giving the physician the right to petition in the Superior

Court in case of disagreement. Mr. Jacob Eaton, of the State Legislature, by invitation, explained certain features of the Act and of the proposed amendment. It was voted that the House of Delegates approve the draft of the amendment as read. It was moved and seconded that the membership of the Committee on Workmen's Compensation Act be increased by three members to be appointed by the Chair. The Chair appointed Dr. W. L. Harris of Providence, Dr. T. J. Smith of Valley Falls, and Dr. J. E. Tanguay of Woonsocket. Adjourned.

J. W. LEECH, M. D., *Secretary.*

HOUSE OF DELEGATES.

Meeting held Feb. 28, 1917. There were present Drs. Keefe, Mowry, Hindle, Hammond, Brackett, Rose, Richardson, Sullivan, Noyes, Barrows, White, Hawkins, Van Benschoten, Leech, and Dr. F. N. Brown by invitation. In the absence of the President and Vice-Presidents, Dr. J. W. Keefe presided. The minutes of the two special meetings were read and accepted.

A communication from the Rhode Island Anti-Tuberculosis Association requesting action on a bill to be presented to the State Legislature providing for the isolation of certain persons suffering from tuberculosis, House Bill No. 650, was read.

The following resolution was passed: *"Resolved,* That the Rhode Island Medical Society endorses Act H-650 which provides for the isolation of certain persons suffering from tuberculosis, and requests the General Assembly to pass said bill in the interest of public health."

Dr. F. N. Brown, Chairman of the Workmen's Compensation Act, made a brief report upon the activities of the committee and the progress of legislation affecting the present Act.

Upon motion of Dr. Hawkins, seconded by Dr. Sullivan, it was voted that the Rhode Island Medical Society refrain from inviting representatives of the public press to attend and report upon the proceedings of the March meeting.

Adjourned.

J. W. LEECH, M. D., *Secretary.*

COUNCIL.

Meeting held Feb. 28, 1917. Dr. J. W. Keefe presided.

The application for membership of Dr. Myer Arthur Persky, Providence, accompanied by certificate signed by the Massachusetts Medical Society certifying Dr. Persky to be in good standing in that Society, was received. Dr. Persky was voted a member of the Rhode Island Medical Society.

Adjourned.

J. W. LEECH, M. D., *Secretary.*

SECTIONS.

A meeting of the Section in Medicine was held at the Medical Library Feb. 27, 1917, at 8:45 p. m. Paper: "The Liver," by Dr. Charles F. Peckham. Discussion was opened by Dr. D. F. Gray and Dr. Carl D. Sawyer.

A meeting of the Section in Medicine was held at the Medical Library, March 27, 1917, at 8:45 p. m. Paper: "Some Recent Observations on Disorders of Internal Secretion," by Dr. Arthur Ruggles.

CHARLES A. MCDONALD, M. D.,
Secretary-Treasurer.

The 30th meeting of the Section for Diseases of Children was held March 20, 1917, at 9 p. m. Subject: "Some observations in X-ray diagnosis in children, especially of the chest," by Dr. Isaac Gerber.

JACOB S. KELLEY, *Sec.-Treas.*

DISTRICT SOCIETIES.

PROVIDENCE MEDICAL ASSOCIATION.

March 5, 1917.

The regular monthly meeting of the Providence Medical Association was held at the Medical Library on March 5, 1917. The meeting was called to order by the President, Dr. F. E. Burdick, at 9:05 p. m. There were present at the meeting 60 members and 1 guest. The records of the preceding meeting were read and approved.

The applications for membership of Dr. Paul Appleton, Dr. James P. McKenna and Dr. William A. Mulvey were read and referred to the Standing Committee.

A communication was read from the Providence Floating Hospital Association, Inc., asking endorsement of its work and its campaign to raise $10,000 to carry on its work. It was voted to refer the communication to the Standing Committee.

A communication was read from the Rhode

Island Anti-Tuberculosis Association asking endorsement of Act H-650 before the General Assembly, which act provides for the isolation of certain persons suffering from tuberculosis. It was voted to refer the communication to the Standing Committee with power to act.

Dr. James J. Baron, Dr. Lewis J. Frink and Dr. Carl R. Gross, having been approved by the Standing Committee, were elected members of the Association.

The annual report of the Treasurer for the year 1916 was presented by Dr. W. A. Risk. This report showed a balance on hand Jan. 1, 1917, of $364.30, as compared with a balance on hand Jan. 1, 1916, of $562.14.

Dr. George A. Matteson and Dr. Lucius C. Kingman gave interesting descriptions of their experiences with the Harvard Unit in France. Dr. Matteson described the organization of the British Base Hospital at which the work of the Harvard Unit has been carried on since the early part of the war. Dr. Kingman described the variety of cases treated and also described some of the methods used.

A rising vote of thanks was given to the speakers of the evening.

The meeting adjourned at 10:45 p. m.

CHARLES O. COOKE, *Secretary.*

NEWPORT MEDICAL SOCIETY.

A meeting was held Thursday, March 15, 1917, at 8:30 p. m, at the Historical Society building. A W. Stevenson, M. D., spoke of recent experience in London hospitals.

MARY E. BALDWIN, M. D., *Secretary.*

PAWTUCKET MEDICAL SOCIETY.

The Pawtucket Medical Society held its annual dinner and meeting at the rooms of the To Kalon Club on March 15, 1917. The following officers were elected for the ensuing year: Dr. C H. Holt, President; Dr. A. H. Merdinyan, Vice-President; Dr. S. F. Hughes, Treasurer and Dr. E. J. Mathewson, Secretary. Dr. Geo. Howe was elected Councillor for two years and Drs. H. A. Manchester and E. S. Kiley were elected delegates to the R. I. Medical Society for one year.

The principal paper was prepared by the outgoing President, Dr. P. W. Hess, and in his absence was read by the Vice-President, Dr. C. H. Holt.

EARL J. MATHEWSON, *Secretary.*

MEDICAL CLUBS.

MEDICAL RESEARCH CLUB, FEBRUARY 14, 1917.

OCULAR MANIFESTATIONS OF CARDIO-VASCULAR DISEASE.

Attention was directed to the increase in cardio-vascular diseases as causes of death and the importance of early diagnosis. Ocular signs are not necessarily early signs, but often they are predominant and are the means of calling attention to the graver systemic disturbance of which they are but an index.

Early ocular subjective signs noted are slight dimness of vision, disproportionate asthenopia, metamorphopsia shown by irregularity of one or two letters in a word due to a partial central scotoma, and transient amblyopia of a few seconds to minutes due to spasmodic closure of retinal arteries.

The ophthalmoscope reveals as early objective signs indentation of veins and ampulliform dilatation of the distal portion of the veins at the arterio-venous crossings, increased tortuosity of the finer arterial branches about the macula, nervehead congestion and a general filminess of the fundus.

J. W. L.

MISCELLANEOUS

HOSPITALS.

RHODE ISLAND HOSPITAL.

The following is the list of appointments made to the house staff for the ensuing

July 1, 1917—Dr. John T. Burns, University of Michigan; Dr. Thomas C. Wyman, Tufts Medical School.

Oct. 1, 1917—Dr. Nat. H. Copenhaver, Yale; Dr. W. Walter Street, Syracuse.

Jan. 1, 1918—Dr. Herbert R. Fiege, Tufts; Dr. Ernest A. Burrows, Maryland.

April 1, 1918—Dr. Henry S. Brown, Tufts; Dr. Glendon R. Lewis, Syracuse.

Substitute service—Dr. Henry J. Gallagher, Tufts.

Pathological service, beginning July 1, 1917—Dr. Edward W. Mulligan, George Washington University Medical School.

An addition to the infants' ward to accommodate 14 patients and to be used for the treatment of feeding cases, is completed.

PROVIDENCE CITY HOSPITAL.

The out patient department of the City Hospital at the Delaine Street Nursery will be opened early in April. The following appointments have been made:

Department of Medicine—Physician in charge, Dr. F. H. Mathews; assistant visiting physicians, Dr. Lester H. Hill, Dr. Anthony Corvese.

Department of Pediatrics—Physician in charge, Dr. Henry E. Utter; assistant visiting physician, Dr. William P. Buffum, Jr.

The building in which the out patient work is to be done is the property of the Hope Day Nursery and connected with the Grace Memorial Home on Delaine street. Since May, 1915, the City Hospital has conducted a clinic for tuberculosis in a room at the home. This clinic has aroused interest in that section of the city, and the late Lyra Brown Nickerson within a year gave money for the erection of a two story building. There are seven rooms and a waiting room on the second floor, and all are to be devoted to this out patient work. The City Hospital was asked to conduct these clinics, and the Board of Hospital Commissioners voted to do so.

Dr. Gardiner A. Johnson leaves the City Hospital March 15 to accept a position on the surgical staff of the State Hospital at Concord, N. H.

ST. JOSEPH'S HOSPITAL.

The regular staff meeting was held on Friday, March 23, 1917. Dr. F. J. McCabe presented a paper on "Common Head Cold and Its Possibilities."

STATE BOARD OF HEALTH EXAMINATION.

An examination for license to practise medicine in this state will be held by the State Board of Health April 5-6, 1917.

Dr. Dana E. Robinson has recently been assigned to Providence as United States Health Officer and Port Physician. He succeeds Dr. Edward R. Marshall, who has been assigned to New York.

NEW SPECIAL MEDICAL JOURNALS.

The rapid development of the special branches of medical science is in no way better illustrated than in the establishment of journals dealing with these specialties. The new year has seen the inauguration of several such journals, at least three of which have come to our desk.

ENDOCRINOLOGY: THE BULLETIN OF THE ASSOCIATION FOR THE STUDY OF THE INTERNAL SECRETIONS. Quarterly. Published by the Association, Henry R. Harrower, M. D., Secretary, Glendale, Cal.

Vol. I, No. 1, appeared in January, 1917. The initial number gives evidence of the high standard which this journal evidently intends to maintain. It contains articles by Lewellys F. Barker, Charles E. deM. Sajous, Tom A. Williams, Henry R. Harrower, Emile Sergent of Paris, T. Brailsford Robertson and Walter H. Nadler. The scientific attainments of these authors is a sufficient guarantee of the excellence of the original articles and editorial comment, which cover the varied aspects of this specialty. A current literature department, embracing experimental, clinical and therapeutic endocrinology, contains excellent abstracts of 193 articles and reviews. We extend to Endocrinology our greetings and best wishes for a successful career.

THE AMERICAN REVIEW OF TUBERCULOSIS. Monthly. Published by the National Association for the Study and Prevention of Tuberculosis.

The publication of a monthly technical journal, with the above title, is announced by the National Association for the Study and Prevention of Tuberculosis. This publication is the first technical journal on tuberculosis in this country and the only one of its kind in English. It is proposed to make this journal the equal of similar European periodicals.

Dr. Allen K. Krause of Baltimore, the managing editor, is widely known as a worker in the research field of tuberculosis. He recently left Saranac Lake to take charge of the new division of tuberculosis in Johns Hopkins University.

It is difficult to overestimate the importance of the announcement of a new technical tuberculosis journal. Up to the present, the most important phase in the campaign against this disease has been popular education.

It is encouraging to realize that behind all of this emphasis on popular education there has been a most substantial basis of scientific research and the development of an important mass of special technique. Many will no doubt be surprised that the quieter side of the tuberculosis campaign has grown to such proportions that it demands for its proper expression a monthly publication, comparable in purpose to

the many technical medical journals already in existence.

Making available to the whole medical profession through the columns of a technical journal the mass of experience which must have been developed by these many agencies, and the results of the thousands of experiments which go on from day to day in laboratories, will undoubtedly have a most important effect in the near future on the death rate from this disease.

THE JOURNAL OF UROLOGY. Bimonthly. Edited by Hugh Hampton Young, M. D., and published at Baltimore.

"The title of this publication, 'The Journal of Urology, experimental, medical and surgical,' expresses briefly the aims, hopes and ambitions of the editors." It is an attempt to provide a common meeting place in which all types of urological papers may appear, whether viewed from the historical, embryological, anatomical, biochemical, pharmacological, pathological, bacteriological, surgical, medical, experimental or clinical aspect. This journal is representative of a steadily increasing class of special medical journals whose usefulness and influence are rapidly increasing. The associate editorial board represents twelve of the prominent teaching centres of the country, and includes men of prominence in research as well as in clinical work. The first number contains articles of high scientific merit, representing progress in several medical centres. The periodical is in every way a creditable production. It is deserving of the hearty support of that large proportion of the medical profession which deals with urological problems in their varied manifestations.

A NAVAL BASE HOSPITAL UNIT.

The organization of a naval base hospital to be offered the Government in case of war has practically been completed by the Rhode Island Hospital. The enrollment of the surgical and medical staff has been finished and the list of nurses needed is almost full. The equipment necessary has not yet been assembled.

Some time ago the trustees of the Rhode Island Hospital notified the War Department that the corporation would be willing to undertake the organization of a military base hospital, as many other institutions over the country are doing for their part in the preparedness campaign. The War Department recently sent back its acceptance of the offer with the request that the base hospital organized be a naval hospital rather than an army hospital.

The naval base hospital, which takes care of 250 beds, calls for a staff of 10 physicians, divided between the medical and surgical branches; one dentist, 40 graduate nurses, 14 women volunteering as nurses' assistants and a group of about 50 civilian employes, clerks, cooks, orderlies, pharmacists, etc.

The physicians who are enrolled are as follows: Director and Chief of the Surgical Service, Dr. George A. Matteson; Chief of the Medical Service, Dr. Halsey DeWolf; Dr. Lucius C. Kingman, Dr. Roland Hammond, Dr. William H. Buffum, Dr. James W. Leech, Dr. Joseph C. O'Connell, Dr. Albert A. Barrows, Dr. F. V. Hussey, Dr. Alex M. Burgess, and Dentist—Dr. George F. Holt.

All of the physicians and surgeons are members of the Rhode Island Hospital staff and all of the nurses enrolled are or have been connected with the hospital, the idea being that the personnel shall all have had Rhode Island Hospital training. In this way they will be ready to get together with team work at the start, all knowing each other and being used to the same methods. The staff includes surgeons, internists, an orthopedist and roentgenologist, a pathologist and bacteriologist, and an eye, ear, nose and throat surgeon.

The equipment for the base hospital is furnished by the American Red Cross. It costs $17,000 to fit out a hospital of 250 beds as is contemplated.

Some large hospital, acting as sponsor, gets together the staff for the base hospital, and the Red Cross furnishes the equipment. In case of war, the Government could call out the base hospital, furnishing transportation, housing and subsistence. The physicians and the remainder of the staff would automatically be taken over into the Government service, the doctors receiving appropriate commissions. The directors of the surgical and medical services would rank as Lieutenant Commanders.

Such a naval base hospital would, in event of war, care for the overflow from the regular naval establishments. There are only two other naval base hospitals organized along the coast, one at Brookyn and the other at Philadelphia, so that although Newport would be the most natural place to which the Rhode Island Hospital unit would be ordered, it is possible that the command might be sent to any naval base along the coast.

NATIONAL BOARD OF MEDICAL EXAMINERS.

The second examination to be given by the National Board of Medical Examiners will be held in Washington, D. C., June 13, 1917. The examination will last about one week.

The following states will recognize the certificate of the National Board: Colorado, Delaware, Idaho, Iowa, Kentucky, Maryland, North Carolina, New Hampshire, North Dakota and Pennsylvania. Favorable legislation is now pending in twelve of the remaining states.

A successful applicant may enter the Reserve Corps of either the Army or Navy without further professional examination, if their examination papers are satisfactory to a Board of Examiners of these services.

The certificate of the National Board will be accepted as qualification for admittance into the Graduate School of the University of Minnesota, including the Mayo Foundation.

Application blanks and further information may be obtained from the Secretary, Dr. J. S. Rodman, 2106 Walnut street, Philadelphia.

MEDICO-MILITARY MATÉRIEL

Peter, an English gardener, depicted in "The Worn Doorstep," refused to believe that his country was at war until, during a sojourn at a neighboring little seaport, he found the remains of various women and children scattered over the landscape, as the result of a visit from the enemy's ships. His wife remarked, "Some minds need shot and shell to open 'em." So possibly it may be with us under like conditions.

But no matter what the future has in store, surely the intelligent part of the community cannot ignore the lessons of our recent war with Spain, all of which most of us saw and part of which many of us were.

Need we recall that at the beginning of 1898 the mobile United States Army numbered 20,000 officers and men, equal to any anywhere. This single tactical division was perfectly equipped in all departments, including the sanitary department, for current and prospective demands; but beyond this there was not even a tentpin, nor was there possibility of getting more for many months. Military matériel is largely special, is not obtainable in the market, and must be made to order after patterns requiring special machinery.

Then came war and the successive calls for 250,000 volunteers. The men were gathered quickly, but the matériel not for months and some of it not at all.

The result was inevitable; the 250,000 willing citizens who volunteered in defense of their country, had little or nothing of the material essentials requisite to their well-being or efficiency as soldiers. What wonder that a considerable percentage of them died from unnecessary causes, due to neglect. Neglect by whom? *Their own countrymen, unequivocally and unquestionably.* Year after year and year after year had the War Department vainly urged the necessity for accumulating a reserve stock for just such a contingency, but Congress always turned a deaf ear and the people acquiesced.

Again the war clouds are rolling over us; Congress has authorized, and the War Department is as rapidly as possible increasing the strength of the permanent force to approximately 200,000. For this number, double what we have heretofore had, the matériel now on hand is adequate, but not enough for any more.

That we have this much, and we are now writing of the Sanitary Department, is only through insistence of its officers and the backing of the medical profession; notwithstanding the Dodge Commission recommended that there be always available "a year's supply for an army of at least four times the actual strength, of all such medicines, hospital furniture and stores as are not materially damaged by keeping, to be kept constantly on hand in the medical supply depots."

The General Staff has announced that, besides the 200,000 above mentioned, in the event of war we would require the organized militia, 250,000, and, in addition, 500,000 volunteers.

To meet the medical requirements of the 750,000 there is now practically nothing and, were the money available, it would take nearly a year to obtain the matériel, which would cost about $10 per man.

So it is, we are relatively exactly where we were nineteen years ago, with just enough for the Regular Army and nothing more.

It is only fair to assume that the Surgeon General has presented these facts to the proper authorities. But to ask is one thing and to get is another.

Again we are in a situation identical to that in 1898 and again we are facing the same results that followed that situation.

If, in the event of war, the people wish their husbands, sons and brothers to die as they then did, from preventable causes, the Surgeon General of the Army is powerless to deny them. But *The Military Surgeon* trusts that when the time of sacrifice comes, they themselves will assume the responsibility and not place it upon the shoulders of an officer who devotedly has sought, by every proper means, to prevent a repetition of the insanitary experiences of the Spanish-American War.—*Military Surgeon,* March, 1917.

PLAN OF MILITARY INSTRUCTION OF THE CLINICAL CLUB OF ALBANY, N. Y.

In November, 1915, a group of physicians in Albany, N. Y., recognizing the need for a more detailed knowledge of medico-military matters on the part of the medical profession, started on the work here outlined. The interest so aroused, and the gradual development of the plan, has encouraged them to present the results of their work in the form of a report. It will be seen that the plan provides a scheme of study whereby individual physicians may equip themselves with a theoretical knowledge of medico-military topics.

Typewritten pamphlets on various topics are handed to each member of the society to read and study at his leisure. A pamphlet on Organization has already been issued. This was a digest of the article on organization in Field Service Regulations 1913. The later "Tables of Organization" of the Army were not issued, as it was felt that a concise statement as given in Field Service Regulations 1913 would better serve the purpose intended.

A pamphlet on the duties of medical officers has also been issued. The basis of this is Army Regulations, Article XLIV, New York State Military Regulations, and the Manual of the Medical Department.

The idea of giving each man a short paper on the various topics to study at his leisure was considered the best method of presenting some phases of the subject, inasmuch as each member of the Clinical Club is a busy practitioner and would scarcely find time to look up and collect a large number of references for himself.

The scheme of instruction also includes lectures by Army and National Guard officers on the various topics mentioned in the outline of subjects.

In addition to this, certain problems, of which five specimens are presented, have been utilized. These problems, as closely as possible, cover certain exigencies that would arise in the time of war. As presented they are local in their form, but general in their nature. With slight changes they could be made to apply to any locality. In allotting the different subdivisions of each problem to the individual men, orders have been issued. This accustoms the men to receiving and interpreting military orders and prepares them for instruction in order writing. Each problem depicts the usual general and special situation. Then follows a detailed plan for the working out of the problem.

By adapting the problems suggested to their various localities, they not only apply in part some of this theoretical knowledge, but will collect as a result of this work information that might be of no inconsiderable value to the War Department. The plan covers the emergencies of peace as well as those of war, for the training received by a group of men, and the information collected, would be applicable to conditions arising as a result of floods, fire, steamboat accidents, etc.

Should the plan be put in operation in a chain of cities designated by the War Department, and the information lodged with the proper authorities at Washington, the military authorities would have ready at hand accurate information concerning any locality where the need for establishing medical bases might arise. They could determine at a glance wherein the resources of any given city were deficient, where excess of required needs existed, and by transferring physicians, nurses and supplies, avoid confusion and suffering.

The plan as outlined can be used by groups of any size. In general the more men at work on the plan, the more rapidly and easily will be the collection of information. It must be borne in mind, however, that many parts of the plan overlap each other and that real cooperation on the part of the men is essential.

The plan is applicable to cities of any size. In the smaller cities one group can cover the situation adequately. In larger cities the city can be divided into districts and the entire plan applied to each district by separate groups of men acting under the coördination of a central committee.

Individual physicians, such as members of the Medical Reserve Corps, or Medical Clubs already organized, or County Medical Societies, provide the obvious starting points for this work in various localities.

Outline of Subjects for Study

I. Books and Authorities:
Manual Medical Department; Army Regulations; Hospital Corps Drill Regulations and Service Manual; Field Service Regulations; Straub's *Medical Service in Campaign;* Munson's *Sanitary Tactics; Military Hygiene,* Harvard; *Military Surgery,* La Garde; *Map Reading,* Sherrill.

II. General plan of organization of military forces.

III. Branches of Service.

IV. Organization of Medical Department.

V. Hygiene of Troops { Recruit; Personal Hygiene; Troops on March.

VI. Camp Sanitation.

VII. Orders.

VIII. Map Reading.

IX. Problems.

X. Duties of Medical Officers { Troops in Campaign; Diseases of Troops in Relation to Climate, Food, etc. Disposal of Wounded; Articles of War.

XI. Arms.